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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10200	
Facility Name:	Northern Inyo Hospital	
Address:	150 Pioneer Lane	
City:	Bishop	
		_
Hospital Owner/Lice	ensee: John Halfen	
Year of Rep	porting: 2010	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter: Scott Hooker	
Submission	n Date: 1/17/2011 3:25:34 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
02	Main Hosp Bldg/Existing Central Pla	150 Pioneer Lane	Replace	SPC5	01/01/2013	03/01/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02 Building Name: Main Hosp Bldg/Existing Central Pla								
Type of Service Prov	<u>/ided</u>							
X Nursing	Inpatient Beds	13 Inpatient 2060 Days	X Surgical [X Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	2 Inpatient Days 126	X Clinical Lab	X Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 399	X Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration [X] Support	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services X Obstetrical	X Outpatient Surgery				
		Total Beds this Building 21	Cesarean/Deliv	X Central Plant				

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name:	ain Hosp Bldg/Existing C	entral Pla	
Medical / Surgical ((Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 11 Bed	Inpatient 2060 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 399 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 4 Bed	Inpatient 126 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

	Building Number	Building Name	Building to be Removed
	02	Main Hosp Bldg/Existing Central Pla	
	03	ICU Addition	
	04	Central Plant Addition	
ĺ	05	Emergency Generator Building	

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	New Replacement Hospital Building	
N_2	New Central Plant	

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 02	Main Hos	o Bldg/Existing Ce	ntral Pla		Removal Date:		03/01/2012				
Planned Uses for the building to be removed from acute care service:												
Planned	Planned use for building: Clinic Jurisdiction: Local Authority											
<u>Inpatient</u>	services currently deli	ivered in the	e building:	₩.	Obstetrical			Rehabilitation				
X	Nursing	X	Surgical	X	Cesarean/Deliv		Ш	Therapy				
	IntensiveCare	X	Anesthesia									
X	Pediatric/Adol escent	X	Clinical Lab	X	Obstetrical Recovery			Renal Dialysis				
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		X	Outpatient Surgery				
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		$\overline{\mathbf{x}}$	Central Plant				
	Intermediate Care	X	Dietetic									
	Skilled Nursing	X	Administration		Nuclear Medicine		X	Support Services				

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 03	ICU Addit	ion			Removal Date:	[03/01/2012				
Planned Uses for the building to be removed from acute care service:												
Planned	Planned use for building: Clinic Jurisdiction: Local Authority											
<u>Inpatient</u>	services currently del	ivered in th	e building:									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy				
X	IntensiveCare		Anesthesia									
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant				
	Intermediate Care		Dietetic		Emergency			Central Fialli				
	Skilled Nursing		Administration		Nuclear Medicine			Support Services				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Duilding Number	02	Duilding Name	N 4	oin Hoon Bldg/Evictin	a Contro	al Die		1	
Building Number:	02	Building Name:	IVI	ain Hosp Bldg/Existir	ig Centra	ai Pia 			
Type of Service Provided									
			X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		X	Anesthesia				D 10:1:	
	IntensiveCare	_ I _	.		X	Obstetrical Recovery	Ш	Renal Dialysis	
X	Pediatric/Ado escent		X]	Clinical Lab	X	Newborn/	X	Outpatient Surgery	
П	Psychiatric		X	Radiological/ Imaging		WellBaby			
	Nursing		X	Pharmaceutical	X	Emergency	X	Central Plant	
X	Obstetrical Ante/Postprtu	m [X	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Х	Administration					
П	Skilled Nursin	ıg							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 02	02 Building Name: Main Hosp Bldg/Existing Central Pla									
Configuration:	Remove from GAC	Service by	1/1/2013								
Type of Servi	ce Provided										
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis				
	Pediatric/Adol escent	X	Clinical Lab		Recovery						
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery				
1/1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergenou	X	Central Plant				
	' Intermediate	X	Dietetic		Emergency		Central Plant				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Na	me: ICU Addition							
Configuration :	Remove from GAC	Service by	1/1/2013							
Type of Service	Type of Service Provided									
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte	ermediate		Dietetic		Linergency		Contrait fant			
— Ca □ Ski	re illed Nursing		Administration		Nuclear Medicine		Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	Building Number: 04 Building Name: Central Plant Addition									
Configuration:	Remove from GAC	Service by	1/1/2013							
Type of Serv	Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	Intermediate Care		Dietetic		Nuclear Medicine		Support			
	Skilled Nursing		Administration		Nucleal Medicifie		Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 05	Building Na	me: Emergency Genera	ator Buil	ding		
Configuration N/A:						
Type of Service Provi	ded					
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensive	Care	Anesthesia		Obstetrical		Renal Dialysis
Pediatric, escent	/Adol	Clinical Lab		Recovery		
Psychiati Nursing	ric	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetric Ante/Pos		Pharmaceutical			X	Central Plant
Intermed		Dietetic	Ш	Emergency		Central Flam
Care		Administration		Nuclear Medicine		Support Services
Skilled N	ursing					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	03 Buildin	ng Name:	J Addition						
Type of Service I	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgio	cal	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X IntensiveCar	re Inpatient Beds	4	Anest	hesia					
Pediatric/Ade	ol Inpatient Beds	0	Clinica	al Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radio Imagir	logical/	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharm	naceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietet	ic	Nuclear Medicine	Support Services			
Skilled Nursi	ing Inpatient Beds	0	Admin	istration					
Total Beds the Building	his	4							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 04	4 Buildir	ng Name: Ce	ntral Plant	Addition						
Type of Service Pro	Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtur	Inpatient n Beds	0		Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building	3	0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 05	Buildi	ng Name: Em	nergency Generator Building				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	3 Build	ing Name:	Addition		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	nent
Inpatient 4 Bed	Inpatient 407 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	4	4

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	04	Building Name:	Central Plant Addition			
Medical / Surgical (Include GYN)		Acute Respira	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nursery	Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	05 Build	ing Name: Eme	ne: Emergency Generator Building		
Medical / Surgical (In	nclude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0